

Case Number:	CM14-0085772		
Date Assigned:	07/23/2014	Date of Injury:	11/03/2010
Decision Date:	09/19/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	06/09/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 53-year-old male who reported an injury on 11/03/2010. The mechanism of injury was not provided for clinical review. The diagnoses included chronic left low back pain with radiation to the left posterior thigh secondary to left L5-S1 lateral disc bulge. The previous treatments included medication, acupuncture, and epidural steroid injections. Within the clinical note dated 07/18/2014, it was reported the injured worker complained of back pain radiating from low back to left leg. The injured worker rated his pain 5/10 in severity without medication. On the physical examination, the provider noted the lumbar spine range of motion was restricted with flexion limited to 70 degrees, and limited by pain; extension at 15 degrees and limited by pain. The provider noted the injured worker had tenderness to palpation of the paravertebral muscles on the left side. The injured worker had lumbar facet loading with positive on both sides. The provider requested a 3 month gym membership with pool access for the injured worker's pain to be better controlled and less pain flare ups. The Request for Authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

3 Month Gym membership with pool access: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Gym Membership.

Decision rationale: The request for 3 Month Gym membership with pool access is not medically necessary. The Official Disability Guidelines do not recommend a gym membership as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is need for equipment. Plus, treatment needs to be monitored and administered by a medical professional. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. Gym memberships, health clubs, swimming pools, athletic clubs will not generally be considered medical treatment and, therefore, are not covered under the guidelines. There is a lack of documentation indicating the injured worker had participated in a home exercise program with periodic assessment and revision which has been ineffective. The documentation submitted for review did not provide an adequate clinical rationale as to the ineffective home exercise program or the need for specific gym equipment. There is a lack of functional deficits documented within the physical examination. Therefore, the request is not medically necessary.